

Increasing Nutrition Security in Kasai Oriental, DRC

Save the Children

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Quarterly Programmatic Report

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1. Activity Summary

The Democratic Republic of Congo (DRC) has been affected by the COVID-19 pandemic which continues to negatively affect the economy and the macroeconomic framework of the country, even if the province of Kasai Oriental remains categorized among the provinces least affected by the pandemic in terms of numbers of people (four positive cases including one death). The proposed interventions will continue, however, to be affected by the low immunization coverage among the vulnerable communities, rate of malnutrition, the weakness of the public health system, difficult access of vulnerable populations to health care and services, insecurity and poor road infrastructure.

The political and security situation in the province was generally calm during the year 2020. However, in the third quarter of the year, the Bibanga health zone, Katanda territory, was the scene of clashes between communities, by Bena Nshimba, Bena Kapuya and Bena Muembia. This alert, shared by the health zone management team, Caritas Mbuji-Mayi and the territorial authorities, was confirmed by the investigations. The historic land conflict which, despite the mechanisms of pacification, peace and social cohesion undertaken by the provincial and national authorities, has resurfaced with considerable humanitarian consequences which has degraded the lives of the populations of this area. Out of a total of 18,329 people in the Bena Kapuya, Bena Muembia and Bena Nshimba groups, 17,942 people or 97.88% were forced to move to four nearby Health Zones which experienced unusual demographic pressure. The ZS of Bibanga, Tshilenge of Kasai Oriental, Kalambayi Kabanga and Ngandanjika of Lomami are the most affected for having received internally displaced people.

Several other epidemics such as Cholera and Measles continue to rage in certain areas of the province. From EW1 to EW51, **1,528** cases of Measles were reported against **four** deaths, i.e. a lethality of **0.26%** and **673** Cases of Cholera against **40** deaths, or a lethality of **5.9%**. The evaluation of the agricultural campaign for the province indicates that with an extensive production system, characterized by low productivity and based on subsistence agriculture, practiced on small family farms, the agricultural sector continues to face technical, economic and institutional constraints. According to the results of recent surveys, access to quality agricultural inputs remains a major constraint to the development of the agricultural sector in the province, yet it remains the main source of food for a large number of the vulnerable population.

The recent IPC analysis and projection for the period of July to December, 2020 did not show a possible noticeable change with most health zones (specifically those targeted by the project) in the areas remaining in IPC level 3 and IPC level 4. About 1,682,822 people, or 31% of the population of Kasai Oriental province, are in IPC 3 (1,254,574 or 23%) and IPC 4 (428,822 or 8%). The project-targeted health zones have all remained in this category with Tshilenge among the most affected health zones (IPC 4).

Project activities were implemented and will continue to be implemented in the above-described context.

2. Activity Outputs

Goal	Contribute to the reduction of both morbidity and mortality due to malnutrition among children below the age of 5 years in targeted vulnerable communities in Kasai Oriental through supporting the MoH in the implementation and scale up of CMAM
Purpose 1	Increase access to nutrition supplies and strengthen the capacity of health providers and community volunteers to identify, refer and treat acute malnutrition to improve the quality of SAM treatment services.
Purpose 2	Support and protect optimal Infant and Young Child Feeding (IYCF) practices among pregnant women and lactating mothers including adolescent girls in the six-targeted health zones of Kasai Oriental Province.

Food Assistance (Regional Procurement)

Purpose 1	Increase access to nutrition supplies and strengthen the capacity of health providers and community volunteers to identify, refer and treat acute malnutrition to improve the quality of SAM treatment services.
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Indicator	October – December 2020
Prevalence of acute malnutrition	N/A
Proportion of under 5 children (0 - 59 months) treated for SAM who successfully recovered	90,2% (4,039/4,044)
Number of individuals participating in USG food security activities	18,302
Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported activities	11,233
Number of individuals receiving nutrition related professional training through USG supported activities	89
Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites through USG supported activities	Admission (old+ new): 11,233 Recovery rate: 90.1% Defaulter rate: 6.7% Death rate: 0.8% Relapse rate: 0.8%
Number of quarterly supportive supervision visits conducted in the target areas through USG supported activities	1
Number of supported facilities out of stock of RUTF or therapeutic mil product (F75 / F100) for longer than one week (7 consecutive days)	0

Indicator	Disaggregates	FY20 Q2 (October - December) Results
Total number of project participants targeted (SAM treatment)	Male	5119
	Female	5546
Total number of project participants reached (SAM treatment)	Male	5,392
	Female	5,841
Actual average cost per project participant	SAM treatment	Projected for Q3 due to absence of required data on commodities
Average cost per project participant per month	SAM treatment	Projected for Q3 due to absence of required data on commodities
Average length of stay for MAS children at UNTA levels	SAM treatment	42 Days

All CMAM Beneficiaries		Participants Actual/Planned				Deviation Narrative
Activity		October	November	December	Overall	
SAM treatment	Overall	6,047/2,691	3,902/2,691	1,284/2,691	11,233/8,073	During the 2nd trimester (Q2), 11,233 SAM children were enrolled in supported 98 OTPs. The cumulative number of SAM
	Male	2,903/1,292	1,873/1,292	616/1,292	5,392/3,876	

	Female	3,144/1,399	2,029/1,399	668/1,399	5,841/4,197	children (Q1 + Q2) reached is estimated at 16,198 representing 54.7% of the progress of the total expected target of the project (29,611 as of July 31, 2021).
Refugees		Participants Actual/Planned				Deviation Narrative
Activity		October	November	December	Overall	
SAM treatment	Overall				NA	Not applicable in the context of the implementation of this project in Kasai-Oriental, given that there are no refugees in the intervention zones.
	Male				NA	
	Female				NA	

IDPs		Participants Actual/Planned				Deviation Narrative
Activity		October	November	December	Overall	
SAM treatment	Overall	0	34	28	62	62 children under the age of 5, including 32 displaced girls from inter-community conflicts in the Katanda territory in the Bibanga health zone, benefited from the care provided by the OTPs (Nkusu, Kampaci, Cisenda, Ciasasa, Bena Kalombo, Nkuadi and Tshilenge) from the Tshilenge Health Zone, which is adjacent to the Bibanga Health Zone.
	Male	0	14	16	30	
	Female	0	20	12	32	

Complementary Services:

Purpose 2	Support and protect optimal Infant and Young Child Feeding practices among pregnant women and lactating mothers including adolescent girls in the six-targeted health zones of Kasai Oriental Province.
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Indicator	Oct – Nov 2020 (Baseline KAP survey/IYCF-E and Barrier Analysis)
Proportion of infants 0 - 5 months of age who are fed exclusively with breast milk	57,8%
Number of pregnant women and reached with nutrition-specific interventions through USG-supported activities	3,775
Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities	4257
Percentage of households with acceptable Food Consumption Score (FCS)	28%
Average Reduced Coping Strategies Index (rCSI) Score	20.6

3. Programming Performance

During the reporting period:

- The support of the provincial PRONAUT to carry out the basic assessment from September 28 to October 11, 2020 in the six intervention zones of the project which made it possible to collect quantitative and qualitative information as well as the calculation of indicators in order to highlight the situation of the intervention and facilitate monitoring of progress from start to finish;
- In October and December 2020, the Health Zones were supplied with nutritional **inputs received from UNICEF (including 200 boxes of therapeutic milk borrowed from ALIMA)** and drugs for the systematic care of SAM children. In total, 5,139 boxes of Pumpy-Nuts (947 boxes Kabeya K, 790 Kasansa, 740 Tshishimbi, 1,044 Tshilenge, 878 Cilundu and 740 Miabi), 38 boxes of F100 therapeutic milk (six boxes Kabeya K, six Kasansa, five Tshishimbi, nine Tshilenge, seven Cilundu and five Miabi), 51 boxes of Therapeutic Milk F75 (eight boxes Kabeya K, nine Kasansa, seven Tshishimbi, ten Tshilenge, ten Cilundu and seven Miabi), 12 boxes of Vitamin A 100,000 IU (two Kabeya K, two Kasansa, two Tshishimbi, two Tshilenge, two Cilundu and two Miabi), 6,282 Amoxycillin suspension vials (1,164 Kabeya K, 1,043 Kasansa, 897 Tshishimbi, 1,313 Tshilenge, 971 Cilundu and 894 Miabi), and 75 boxes of Mebendazole 500 mg tablet (13 Kabeya K, 13 Kasansa, nine Tshishimbi, 18 Tshilenge, 11 Cilundu and 11 Miabi) were made available in the health zones during the two supplies;
- Support from the provincial PRONANUT in carrying out quarterly supervision from 23 to 28 November 2020 in the health zones of Cilundu, Kabeya Kamuanga and Tshishimbi, with the objectives of evaluating the integration of nutritional activities (**CMAM** and IYCF-E) in the Health Zones (BCZS and health areas), to ensure the quality delivery of nutritional activities (**CMAM**, IYCF-E, community screening), to identify any difficulties in the implementation, to identify bottlenecks in the management of inputs and nutrition data at all levels, and to organize one-off targeted training in health facilities;
- Permanent local technical support to providers in six health zones is provided by Nutritionist Officers based in the health zones and other SCI staff of the program (MEALs, Food Monitor). These missions consisted of identifying failures in case management and correcting them, actively collecting data, strengthening the monitoring of input management, and tracking data on the stock of inputs. At the end of this technical support, the following failures were corrected: the poor filling in of the management and collection tools for **CMAM** data, the non-compliance with the care protocol by some providers with regard to the admission and output criteria in the **OTP**, the amount of RUTF to give per week. To minimize the occurrence of breaks at the **OTP** level, a data and input management base is set up by the MEAL team, and made available to health zone providers to ensure weekly monitoring;
- The establishment of feedback and complaints management mechanisms in the Zones in order to prevent the risks associated with the poor management and use of nutritional inputs, both at the level of providers and at the level of beneficiaries. Note that, so far, no complaints have been recorded since the installation of these mechanisms;
- Capacity building for 89 health providers including nine women (doctors, nurses and nutritionist) from the Cilundu, Kabeya Kamuanga, Miabi and Tshilenge health zones on the Child Rights Defense Policy with an emphasis on risk management related to Food For Peace activities. This training resulted in the development of the risk mitigation plan identified by the actors of the intervention areas which is presented in the annexes.

Project total reached to date (August to December 2020)

Indicator	Q2 (Oct to Dec)		Cumulative (Q1+Q2)		Project Target		Variance (%)
	Female	Male	Female	Male	Female	Male	
Number of individuals participating in USG food security activities	11307	6995	31498	12793	91991	44560	32%
Total number of project participants reached for SAM	5842	5391	8523	7675	16146	10765	60%
Number of under two (0-23 months) treated	2214	2043	3061	2765	8396	5597	42%
Number of children between 24 to 59 months treated	3628	3348	5462	4910	7750	5168	80%
Number of People reached with community level nutrition-specific interventions through USG-supported activities	5442	1538	22952	5052	75270	33265	26%
Number of PLW/G reached with nutrition-specific interventions through USG-supported activities	3775	0	17479	0	39231	0	45%
Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported activities (SAM treatment)	1667	1538	5473	5052	3870	3570	141%
Disaggregate (Intervention): Received vitamin A supplementation in the past 6 months	0	0	0	0	32169	29695	0%
Number of individuals receiving nutrition related professional training through USG supported activities	23	66	23	66	575	530	8%

4. Challenges

Given that the current shipments relate to large quantities of nutritional inputs, the current challenges boil down to the respect of transport conditions during the transport of these inputs especially by road, given the impracticability of the roads during the rainy season in certain places of the Kinshasa - Mbuji Mayi axis, and the storage conditions at all levels in order to avoid losses by alteration. At the level of SCI, the measures taken to improve storage conditions were the increase in the number of pallets and teams of guards (delta protection), the installation of surveillance cameras, smoke and fire detectors.

Contacts were also made with serve-air and WFP for the use of their warehouses during the transit of inputs in Goma. In addition, it was decided to provide air transport of therapeutic inputs from Goma to Mbuji Mayi rather than by road, given the difficulties of transporting inputs by this method.

Another challenge in the project regards the good management of nutritional inputs in the Zones, particularly at the level of health facilities to avoid the risk of loss through poor conservation and misuse of inputs by providers as well as mothers of malnourished children. At least one nutritionist has been assigned to each health zone, as well as a Food Monitoring recruited for the daily monitoring of the management of inputs made available to health facilities. Likewise, they are responsible for ensuring the intrants' best use by beneficiary communities to avoid any waste.

5. Market Analysis

During the reporting period, an instability of food prices was noted on the market due to the scarcity of certain foodstuffs such as caterpillars, sugar, salt, cassava, maize, beans, soya beans, local rice, peanuts. It should be noted that for certain foodstuffs, communities begin to cultivate these staple products (cassava, maize, beans, etc.) towards the end of August and the beginning of September.

6. Cross-cutting Elements

The coordination of interventions in the health zones is done with other partners benefiting from USAID funding, in order to improve the quality of the interventions and avoid duplication. During the reporting period, Signature Program staff participated in two coordination meetings held in the Kabeya Kamuanga and Miabi health zones as well as in a mission organized by the Nutrition Cluster in the Tshilenge health zone. The two coordination meetings aimed to build a common understanding of the current state of the enabling environment of the acute malnutrition continuum of care in the Health Zones, to contextualize the results of Advancing Nutrition on the coordination and collaboration level in health zones, and to prioritize actions aimed at strengthening coordination and collaboration between nutrition actors who support the continuum of care in each health zone. The objectives of the Nutrition Cluster mission were to monitor all nutritional activities in the Health Zone (training, CMAM, IYCF, SNSAP, CPSr), monitor input management, monitor the quality of data, references and counter -references, provide technical support through working sessions with all stakeholders in the visited sites, monitor the accountability to affected populations and monitor the coordination of interventions and stakeholders. These missions are carried out according to the action plans of the coordination and the nutrition cluster.

Gender consideration has been a cross cutting area for this project. Although the proposed nutrition activities target children and PLWs Women through CMAM and IYCF interventions, awareness raising and sensitization sessions conducted during the reporting period have included both males and females of all age groups in the target communities. Save the Children has given equal consideration to men and boys and the proposed interventions incorporated this aspect during sensitization efforts so they can be agents of change to promote improved IYCF practices. Men, as husband, traditional leaders, and teachers play prominent roles in encouraging community behavior change. Furthermore, proposed activities are designed to build the capacity and raise the level of confidence of all community members, including all age groups and especially female beneficiaries to increase empowerment for female decision-making.

7. Plans for next quarter

The implementation plan for the last seven months of the project will focus on the activities below in order to effectively contribute to the general objective of the project of reducing morbidity and mortality related to malnutrition in children under five years in vulnerable communities in targeted health Zones :

- Distribution and prepositioning of the nutrition supplies to the supported health facilities based on the early developed distribution plan ;
- Conduct beneficiaries satisfaction assessment integrating the analysis of the barriers to promoting and protecting IYCF practices ;
- Support the management of SAM through formal training and on the job-coaching of the health providers ;
- Initiate the family MUAC approach through involving caregivers with children under two and specifically those with malnourished under five children ;
- Conduct on the job coaching and formal training and orientation of Community Volunteers (CHWs) in screening for malnutrition, reporting and referral of the identified cases ;
- Support to community meetings, community outreach, and Community Mobilization Campaigns ;
- Support the implementation of the multisector coordination meeting ;
- Support to feeding and transportation of caretakers of children enrolled into the supported stabilization centers
- Fixing and/or rehabilitation of the suggestion boxes at each of the supported health facilities;
- Conduct the joint supportive field monitoring and supervision in collaboration with both the national and provincial MoH/pronanut technical team ;
- Completion of the procurement and distribution of anthropometric equipment, materials and monitoring tools ;



- Development/printing and distribution to the supported HF of IEC material/Counseling Card adapted to Covid-19 ;
- Support the provincial MoH during the implementation of vitamin A supplementation campaign.
- Support and facilitate the refresher training of key health providers on CMAM and IYCF-E.

8. Success Stories (recommended)

Several successful cases were recorded during the reporting period, including the case of the child MUKENDI KATALAYI, Male, aged 32 months. Son of Mrs. NGALULA residing in the NTALANGA village in the TSHITALA 2 health area, the child was admitted to the Lukalaba UNTI in October 2020 in the Kasansa health zone, with the following parameters:

- Weight: 8,600 Kg; Size: 75.4 cm; PB: 140mm; Edemas +++ and without appetite.

Thanks to the interventions of Save the Children in the Health Zone through the funding of USAID with the Food For Peace project, he was successfully taken care of at the level of the UNTI and cross-referred to the UNTA from his health area (Tshitala 2) for the continuity of care; following which he was subsequently declared cured with the following parameters: PB 125, weight 8.700g, height 75.4cm, total absence of edema with retained appetite. He is currently doing well in the community.

MUKENDI KATALAYI child during admission to UNTI Lukalaba in Kasansa Health Zone for SAM with medical complication	Child MUKENDI KATALAYI continues care at UNTA Tshitala 2 after discharge from UNTI of Lukalaba
	

9. Loss Reporting (As applicable)

During the transport of Plumpy-Nuts from Kinshasa to Mbuji Mayi by road, a discrepancy of 450 bags was observed upon receipt at the warehouse of Mbuji Mayi and 15 bags altered during transport. In the contract between SCI and the carrier, it was agreed that in the event of losses, the amount equivalent to the losses should be deducted from the amount payable to the carrier.

And there was also a discrepancy of 150 bags when supplying the Kabeya Kamuanga health zone upon receipt of the inputs in the health zone. The incident report has been prepared and investigations are underway.

10. Commodity Quality and Safety (As applicable)

During the reporting period, for all purchases within the framework of the implementation of the Food For Peace project, all nutritional inputs and drugs were subjected to quality control in order to be reassured that they are of good quality and will not cause any harm to recipients. The various certificates of analysis are presented in the annexes to the report.

Moreover, in relation to warehousing, warehouse assessments were carried out at the serv-air levels in Goma and Mbuji Mayi, at the WFP in Goma, and at the level of the warehouses of SCI Goma and Mbuji Mayi in order to ensure good storage conditions. Thus, contamination of nutritional inputs and drugs could be avoided. For the Mbuji Mayi warehouse, security recommendations have been made and are being implemented.

Annex A: LRIP Table

Procurement Table										
Commodity	Procurement Type	Quantity Procured in Metric Tons (MT)	Procurement Value (in \$US)	Transport Cost (in US\$)	Total cost per MT (in US\$ - procurement and transport)	Purchase date	Source Country	Origin Country	Price per MT 2 weeks before purchase date (in US\$)	Price per MT 2 weeks after purchase date (in US\$)
RUTF	Regional	307.8	3,671.02	1,735.48	5,406.5	August 21, 2020	Kenya	Kenya	3,496.38	3,671.02
F75	Regional	04.13	7,765.63	2799.49	10,565.12	August 21, 2020	Kenya	France	7,765.63	7,765.63
F100	Regional	3.55	9,078.13	2,799.99	11,878.12	August 21, 2020	Kenya	France	9,078.13	9,078.13
RESOMAL	Regional	0.55	6,217.94	2,589.74	8,807.68	August 21, 2020	Kenya	France	6,217;94	6,217;94

Delivery Table			
Commodity	Quantity Delivered in Metric Tons (MT)	Unique Participants receiving commodity	Unique Households receiving commodity
RUTF	28,98	11,233	NA
F100	0,17	515	NA
F75	0,12	515	NA